CHSB
VPN User Application

Last Name: First Name:
e-mail: Work Phone:
Address: *City:*   *State:*   *Zip:*
Vendor ☐   State Police ☐   CHSB Staff ☐   Gun Dealer ☐   Police Department ☐

Organization:

Other Servers and/or Services not listed above:

System Configuration:

WinNT ☐ / Win2K ☐ / WinXP ☐ / Win98/ME ☐ System RAM: _____

User Information:

<u>**IMPORTANT – Please follow the password guidelines below!**</u>
The password must be at least 8 characters long and contain both letters and numbers. The password must also contain **BOTH** lower case and capital letters. The password **IS case-sensitive**.

Password: _____

The following is to verify your identity. Examples would be a mother's maiden name, place of birth, etc.

Question: _____ Answer: _____

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For CHSB use only:

IP Address: .   .   .   Subnet Mask: .   .   .

Dial-up Info: Username: Password:

Cert Reference Number: Auth Code:

AUP Acceptance: Yes☐ / No☐

Approval: _____ Date: _____